

**Statement of Public Funds Received and Disbursed by  
Public Officers of the \_\_\_\_\_ Local Health Department  
For the Fiscal Year Ending June 30, 20\_\_\_\_\_**

Published in Accordance with KRS 424.220

The following information and supporting data may be inspected by the general public at  
\_\_\_\_\_ from \_\_\_\_\_ between the  
(Insert Address) (Dates for Inspection)  
hours of \_\_\_\_\_.  
(Insert Hours)

**RECEIPTS**

Balance carried forward from previous fiscal year in local bank accounts and savings accounts	\$	_____
Federal Funds	\$	_____
State Funds	\$	_____
Public Health Taxing District Appropriations	\$	_____
County Government Appropriations	\$	_____
City Government Appropriations	\$	_____
Donations	\$	_____
Service Fees - All Sources	\$	_____
Other	\$	_____
<b>Total Receipts</b>	<b>\$</b>	=====

**DISBURSEMENTS**

<b>Gross Salaries</b>		<b>Amount</b>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

<b>Vendors</b>		<b>Amount</b>
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>Total Disbursements</b>	<b>\$</b>	=====
<b>Balance</b>	<b>\$</b>	=====

This is to certify that at the close of business on June 30, 20\_\_\_\_, a balance of \$\_\_\_\_\_ was credited to the checking account of the \_\_\_\_\_ Health Department.

\_\_\_\_\_  
(Officer or Cashier of Bank)

\_\_\_\_\_  
(Name of Bank)

This is to certify that at the close of business on June 30, 20\_\_\_\_, a balance of \$\_\_\_\_\_ was credited to savings account and/or certificate of deposit of the \_\_\_\_\_ Health Department.

\_\_\_\_\_  
(Officer or Cashier of Financial Institution)

\_\_\_\_\_  
(Name of Financial Institution)

Witness our hands this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Public Officer

\_\_\_\_\_  
Public Officer

\_\_\_\_\_  
Public Officer

\_\_\_\_\_  
Health Department

Commonwealth of Kentucky  
County of \_\_\_\_\_

Subscribed and sworn to by \_\_\_\_\_ before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public